"The ultimate cause of disease is the consequences of transgression of the universal laws of life"

These words, written many ages ago, by the wise healer, Paracelsus, bear repeating in our modern age, with all of our technological wizardry and interventional medicine. Despite all of our medical advances, death and degenerative disease run ahead of us, begging us to find other answers to our spiraling health woes, and has prompted many medical practitioners to take a hard look at the way we perceive and treat illnesses, while forcing us to ponder what truly constitutes health. This is true, be it human or animal. The devastating effects that poor nutrition and a burgeoning toxic burden (over 70,000 known chemical poisons) is taking a massive toll on the health of people and pets. The proportion of chronic to acute disease was estimated at 1:1 at the turn of the century, whereas now, it approaches 9:1. In the early 20th century, the chances of developing neoplasia were 1 in 75, in contrast to the 1 in 4 chances we face at the present time. Disturbing numbers, indeed! Driving a need to develop more "physiologically correct" therapies, is the startling statistics emerging from the human allopathic field.

From the British Medical Journal, a critical review was done of the more than 2500 treatments offered in conventional human medicine, and some startling numbers came out of that assessment:

- 13 percent are beneficial to the patient
- 23 percent are likely to be beneficial
- 8 percent is a trade-off between benefits and harm
- 6 percent are unlikely to be beneficial
- 4 percent are likely to be ineffective or harmful
- 46 percent have unknown effectiveness

Here are a few headliners and brief synopses:

1) Doctors Are The Third Leading Cause of Death in the US, Causing 250,000 Deaths Every Year


   1-17% of ALL hospital admissions are caused by the side effects of drugs administered by an MD. 2-8 million people are hospitalized annually for diseases brought on by prescription drugs. 3 - Prescription drug-related diseases and death cost the US $77 BILLION dollars a year.

3) 20,000 Deaths Annually

   Harris Poll commissioned by the National Council on Aging. "The serious side effects caused by NSAID's result in 200,000 hospitalizations and 20,000 deaths annually. The treatment cost for NSAID induced side effects is $3 Billion per year." according to Thomas Schmitzer, M.D., Ph.D. The survey found that 20% of Americans over the age of 60 regularly use pain medication. Among this group, 25% will experience side effects. 40% will never hear of side effects from their physician and 50% will never receive a warning about side effects from drug interactions from their drug source. All of this among the population that becomes more susceptible to the adverse effects of drugs with every passing day. On the animal side of the equation, we are also seeing the rush to develop the "latest/greatest" anti-inflammatory. They have captured a huge market share, and the biggest adverse reaction rate.

4) Source: Pediatrics

   Children's Hospital in Boston reported data on emergency room visits annually, from 1995-2005. Over half a million children under the age of 18 are treated for side effects of prescribed drugs, including antibiotics, antidepressives, chemo drugs, et.al. Another half a million hospitalized children suffered ADEs. These numbers do not include drug adverse events to OTC drugs!

5) SOURCE: The New England Journal of Medicine, April 17, 2003. – . Although several studies have looked at the issue of adverse drug events among hospital patients, researchers say little is known about how frequently these complications occur among outpatients who take prescription drugs at home. This study, examined adverse drug events reported among 661 patients who received at least one prescription drug from four primary care clinics in the Boston area. Researchers found that 162 of these patients (25%) reported an adverse drug event. The prescription drug classes most frequently involved in adverse drug events were selective serotonin reuptake inhibitors (SSRIs) commonly used to treat depression, heart disease medications such as beta-blockers and ACE inhibitors, and NSAID pain relievers. Researchers found the only factor that increased the risk of adverse drug events was the number of medications a person took. The number of adverse drug events per person increased by 10% for each additional prescription drug they took. How many rhinitis/sinusitis cases were on Seldane and Erythromycin or were on Ketoconazole for other pathologies, before the deaths started adding up, resulting in the demise of Seldane. It was pulled just prior to its approval as an OTC drug. There are reports or reactions, albeit non-fatal, with one of the new wonder drugs, Allegra, in
the form of non-fatal arrhythmias. We see these serious additive effects in veterinary pharmaceuticals, as well—does anyone remember the fatal interaction of Styquin and Scolaban, many years ago?

Adverse drug interactions are increasing and are unfortunately more serious because more drugs and drug combinations are being prescribed than ever. According to the National Center for Health Statistics, doctors wrote at least one prescription in 64% of their patient’s visits in 2000. For the year 2000, American doctors wrote a total of 2.8 billion prescriptions, an average of 10 per person. How many of our aging citizens can manage without a shoebox, shelf, or drawer full of drugs? Not all drug reactions can be foreseen, in part due to the fact that new medications are approved after being tested on an average of 3,000 people over a relatively short period of time, and sometimes the trials don’t test on groups that are later targeted for therapy, or fail to study those with concurrent medical issues e.g. witness, the viagra disaster. Viagra was not studied in patients who have a history of the following conditions: Heart attack, stroke, or life-threatening irregular heart rhythm within the last 6 months, very low and very high blood pressure, or Heart failure or unstable chest pain. (Admittedly, this is not one of the most useful drugs in veterinary medicine.) At any rate, you get the point. Drugs often find their way onto the market, and exit nearly as rapidly, when the side effects start accumulating.

So, what about the dangers of homeopathy/homotoxicology? Just for a bit of contrast, let us look at some of the statistics for complex homeopathy: In the years spanning 1995-1999, the adverse reactions reported for injectable remedies was a vastly different story: Keep in mind that these are injectable doses that were being studied, and comprise as many as 800 different formulations. In that time frame, nearly 650 million doses were administered, and the routes of injection used were sub-cutaneous, intramuscular, intravenous, cutaneous, or intra-articular, in addition to utilizing the acupuncture points. The TOTAL number of reported adverse events was 22, for a whopping .000036% side effect incidence, primarily with intra-articular injections. All of the side effects were mild and reversible. Large studies of oral or topical remedies show similar low incidence of negative effects, though one particularly amusing inclusion of a side effect reported for Vertigoheel, was a patient who refused to take the remedy because it “tasted bad”. The overall picture then, certainly lends weight to the use of the homeopathic approach, as it is a “no harm strategy”, taste notwithstanding!

So, it’s safe, but is it effective? Studies. Large groups, double blind studies, paired cohort studies. There are numerous studies available on the website at Heel. http://www.heelusa.com/

Why Homotoxicology?

We see an increasing number of multi-dimensional diseases, as there are many layers of illness that permeate this generation. Recognizing these progressively more deeply seated maladies, and seeking to meld the gentler healing potential of homeopathic formulations with the diagnostic capabilities of Western Medicine, Dr. Hans Heinrich Reckeweg spent his life in the pursuit of uniting the art of homeopathy with the science of allopathy. In doing so, he engaged the known principles of both disciplines, in a truly brilliant schemata for tracing the ebb and flow of biological systems. He borrowed freely from the work of Hans Eppinger (1879-1946) and Alfred Pischinger (1899-1983) who were convinced that the body’s health was vastly dependent on the workings of the matrix, or connective tissue. This was in contrast to the theories of Rudolf Virchow (1821-1902), a contemporary, whose theories were based on cellular changes, and though scientific in its observations, was based on the static “photograph” of images seen transfixed on a microscope slide. While Virchow’s work was the basis on which medicine progressed, the fascinating, ever changing life of the ground substance which constitutes the majority of body tissues, was reduced to the importance of a mere sponge or sieve, with no bearing on the health of the organism. What needs to be recognized, is that all regulatory activity is moderated here- the neurohumoral, hemohumoral, oxygen content, nutrient flow, electrolyte exchange, acid-base balance, and non-specific immune functions. Allopathy, which tends to reduce illness to the sum of its symptoms, reduced to measurable parameters, has as its goal the alleviation of such symptoms, and views the elimination of the offending signs, a “cure”. The focus of clinical signs as stemming from a single cause has ignored the fact that health and disease constitute a complex and dynamic balance. Hence, we can no longer afford to ignore the ground substance’s potential in aiding our quest for long term healing. If we can affect the homeostatic mechanisms of this matrix, we can moderate disease, and perhaps intercept illness before it becomes a cellular problem. Even more importantly, in the toxic soup environment which we now inhabit, it is time to consider the use of homotoxicology principles to prevent diseases of dysregulation from ever occurring.
The work of Eppinger and Pischinger is continued today, by Dr. Heine of the Institute of Antihomotoxic Medicine and Ground Regulation Research in Baden-Baden, Germany. Regulatory medicine seeks to understand complex interrelationships and enzymatic systems. It attempts to shift the balance back toward homeostatic normals, by utilizing complex formularies, developed by Dr. Reckeweg that influence the fluid systems' dynamic interactions, thereby helping the body to heal itself. This is accomplished by engaging the Basic Bioregulation System, or BBRS. Contrast this with pharmaceutical interventions, which seek to eliminate the offending molecules, but often add another offending substance to the already overburdened matrix, thereby creating what we see as "side effects". The traditional Western approach then, is a formulary of "anti" drugs- antibiotics, anti-inflammatories, anti-histamines, ant-acids, anti-tussives, et.al., which serve to suppress body reactions and symptoms. Homotoxicology, then, is the branch of medicine which seeks to identify the toxins in the body, then aid the natural defense mechanisms in mobilizing these toxins, thereby rendering the fluids, matrix, and cells free of toxic debris. This is done by engaging a complex set of bioregulatory feedback loops, and improving the enzymatic and energy producing activities of the cells which regulate the relationship between anabolic and catabolic processes.

Dr. Reckeweg in 1948, devised a logical concept for the tracking of the flow of disease, in what is called the 6 Phase Table of Homotoxicology. The table is included on the following page. It is, in effect, a directory of the biological system's response to the presence of toxins in the system, and provides therefore, a rational sequence of events for the practitioner to evaluate therapeutic protocols and efficacy. One of the advantages of this modality, is that a deep understanding of the principles is not required for a practitioner to find success in therapy. The remedies have such broad and deep activity, that even a superficial knowledge of the combinations will produce startlingly good results. Homotoxicology is based on symptom pictures which are familiar, and is therefore, a "take home" kind of therapy.

Homotoxicology combines elements of homeopathy, naturopathy and conventional medicine, and incorporates in part, the Arndt-Schultz law (interactions are promoted by weak stimuli, accelerated by moderate stimuli, and halted by excessive stimuli), Von Bertalanffy's "steady state principle", Dr. Hahnemann's simile principle on which homeopathy is based, Lux's isopathic principle, and Hering's law (healing occurs from top to bottom, from inside to outside, more vital to less vital, and in reverse order of appearance.) Shifts in the appearance of disease can be seen as progressive or regressive vicaration on the 6 Phase Table.

A brief overview of the table will set the stage for deeper study:

1. Excretion Phase- the fluid phase, in which the body attempts to rid itself of toxins. This includes, vomiting, diarrhea, sweating, sneezing and runny nose, etc.
2. Inflammation Phase- which occurs when the excretion phase is circumvented, or the body needs to generate a "fever" either locally or systemically, to promote healing. Any symptom that ends in "-itis" fits this category, e.g. arthritis, pleuritis, phlebitis, et.al.
3. Deposition Phase- which defines the early matrix diseases. This is where the "gel between the cells" begins to be affected by toxins. Here, in a largely "silent phase", the body attempts to detoxify by storing metabolic "junk" in the connective tissue, vasculature, and adipose tissue. If damage continues, the body falls into cellular disease, and it is at this phase that Reckeweg termed the Biological Divide. The first 3 phases are much easier to influence and it is here that we should concentrate our efforts to control disease.
4. Impregnation Phase- which evidences the early stages of cellular disease. It is here that the noxae gain entrance to cells, and the defense mechanisms attempt to surround the toxins and disarm them by storing them within the cellular space.
5. Degeneration Phase- which is characterized by damage to cellular defense, enzymatic functions, and energy production. This is a severe state of illness, which is much more difficult to influence and moderate.
6. Dedifferentiation Phase- the neoplastic state, in which biological genetic control mechanisms have been damaged, so that growth regulation of tissues is no longer under the influence of bioregulatory mechanisms and continues unchecked, until the body systems succumb.

It is critical to our understanding that we see these phases as the natural progression of illness under specific sets of circumstances and the influences of toxins, both exogenous and endogenous. As we begin to recognize the ebb and flow of body defense mechanisms, we can begin to enlist these systems to the benefit of our patients, by providing guidance to the regulatory reactions, with natural, biological therapeutics. These include such diverse modalities as Classical Homeopathy, Acupuncture, Herbal Medicine, Nutrition- both broad based and targeted, Chiropractic, and, of course, Homotoxicology.

The question always remains, is there any scientific basis for the theories of homeopathy, or is it relegated to the realms of medical mythology? And the answer is, increasingly, yes. Not always well received, the evidence is nevertheless mounting in favor of dilutional/potentized remedies, both in single and complex formulations. Homeopathy had an impressive success rate in many diseases. Frankly, a major reason for the early rapid spread of homeopathy probably lay in its superiority over allopathic methods during several major epidemics of the day. In 1854, during a major cholera outbreak in London, the mortality rate of...
In more modern times, studies have been conducted to assess the usefulness of homeopathically prepared substances for a variety of medical complaints. In a global study by a Dutch group, 22 trials met the stringent standards set forth by the review committee. Of these, 15 were positive in favor of the homeopathic therapy. Of the 107 trials in the overall study, 81 were positive. An example of one study, was conducted in Britain during World War II, and compared Mustard gas 30c as a prophylactic, and Rhus tox 30c and Kali bichromicum 30c as therapy, in a double blind placebo controlled trial. The patients receiving homeopathic treatment were significantly improved over the controls. It is of note that a few of the negative trials on single remedy therapeutics, were done without regard to the repertorization of the patients. In studies that were “customized” to the patient, however, the results were much more positive in favor of the homeopathic approach. This individualization becomes less critical with the homotoxicological approach, as can be seen from numerous studies done in recent years. A “hot off the press study” conducted by MD Anderson found that when four ultra-diluted remedies (Carcinosin, Phytolacca, Conium and Thuja) were studied for effects on two human breast adenocarcinoma cell lines and a cell line from immortalized normal human mammary epithelial cells (HM LE), the remedies exerted preferential cytotoxic effects against the two breast cancer cell lines, causing cell cycle delay/arrest and apoptosis. “Cytotoxic effects of ultra-diluted remedies on breast cancer cells” Int J Oncol. 2010 Feb;36(2):395-403.

Researchers such as the much berated Jacques Benveniste, have made strides into the mechanisms of homeopathic preparation, by demonstrating that an alteration of the crystalline structure of water occurs with the dilution/succussion process. His work has been chronicled in a book called “The Memory of Water”. Recently he has been vindicated in scientific circles, when several independent European laboratories repeated his studies and concurred with his initial results. However, a recent expose’ by 20/20, which sought to disprove these more recent experiments, and indeed did not support the earlier findings, was actually a flawed study. Despite the protests of the learned Dana Ulllman, and Dr. Ennis, the scientist and originally anti-homeopathic theorist who repeated Benveniste’s trials, the new testing utilized ammonium chloride as the test agent, instead of the originators histamine, to study the effects on basophils. This substance is deadly toxic to basophils, so the study results were flawed from the outset. Unfortunately, the new study, which touted that it was a repeat, was in fact, not a reasonable test.

More theoretical support comes from the realms of chaos mathematics and fractals, but their discussion is much too involved for a short lecture, and additional studies in quantum physics may also lend credence to the homeopathic approach, as we develop the science to measure the benefits observed by many generations of competent physicians. We should remember that only in the past few decades were we able to measure a magnetic charge/change in skin that corresponds with acupuncture points, pioneered by such “radicals” in the medical field as Becker and other contemporary colleagues that worked extensively in the study of regeneration. The lack of a definitive test does not negate the inherent usefulness of a therapy, particularly if it is a “no harm” strategy with a proven track record.

Homotox and research. The past few decades have seen a significant number of remedies tested in the homotoxicology combination preparations. A few of the studies which favored this approach, include studies on Zeel for osteoarthrosis, Vertigoheel for vertigo, Traumeel for injuries, ankle sprains, etc., Gripp Heel and Engystol for viral disease, Euphorbium for sinusitis, and a myriad of other positive trials. Reprints of these studies are available.

Variants of homeopathy:

1) Isopathic therapy, which was based on the “law of sameness” (Aequalia aequalibus curentur) was introduced by the veterinarian, Wilhelm Lux, in c. 1831, and consisted of a homeopathic preparation of contagious/infectious disease products- bacterium, virus, secretions, or organic material, called nosodes.

2) Nosodes are sterilized, cannot be actively cultured, and are only sold in the 3c or 6X dilution and upward. In contrast, an isode is highly individualized, taken from the patient, and homeopathically prepared, and not used for other patients- it could be termed an autonosode, and is used to some advantage in autohemotherapy, or autosanguis treatment, which utilizes the blood of the patient. The actual usage of contagion elements dates far back beyond the birth of homeopathy, and provides the basis for the modern practice of vaccination. Lux is credited with the anthrax and distemperinum nosodes. Constantine Hering in c. 1834, who also did the initial proving of Lachesis, pioneered the practice of stimulating diseased organs by dilution of homologous organs, which is called iso-organotherapy. This is represented, in present day regulatory medicine as suis organ preparations, prepared from pig tissues. Isopathy also includes the therapy of iatrogenic
damage with homeopathic dilutions of the offending drug, known as homeopathically adjusted allopathic remedies.

Much of the current status of knowledge and the reconciliation of the art of homeopathic prescribing with the science that is emerging, has been contributed by the field of homotoxicology. The redefinition of the principles of inflammation, the importance of the matrix, and the processes of regulation and healing have been and are at present under intense scrutiny by those that seek to link our status of knowledge of physiology with the power of biological therapy or regulatory medicine. Reckeweg defined homotoxicology mechanisms as follows: “All those processes that we call diseases are an expression of biologically appropriate defense mechanisms against against exogenous or endogenous homotoxins, or of the attempt on the part of the body to compensate for the homotoxic damage sustained, so as to stay alive as long as possible.”

Major components of the Greater Defense System:

1. The immune system
2. The connective tissue, or matrix.
3. The hypothalamo-pituitary-adrenal axis
4. The sympathetic and parasympathetic neural reflex system
5. The detoxifying function of the liver.

The ultimate goal then, of regulatory therapy, is to re-establish the normal feedback systems, the diurnal rhythms, the oscillatory nature of normal variations within biological systems, in short, to guide the patient back toward homeostatic balance. By utilizing remedies that are attuned to the regulatory vibrations, we can alter the Greater Defense System towards self-regulation.

As evidence of the critical importance of that nebulous space we call the Matrix, here is a website for you internet savvy searchers: YouTube - Regeneration of cells - CBS Cutting Edge http://www.youtube.com/watch?v=qxhi4Q8EDTU This site gives a brief view into the future of matrix medicine.

We have found medicine to be more rewarding with homotoxicological “aids”. (I was going to call it an arsenal, but that conjures negative impressions, when in fact the remedies are guides, not weapons.) These are the primary forms available in the United States:

1. Specialized preparations- e.g. Cralonin, Vertigoheel, Traumeel, etc.
2. Homaccords- preparations which contain constituents in potency chords. Particularly suited to chronic diseases.
3. Composita- combinations of single remedies, homeopathically adjusted allopathic medicines, intermediary catalysts, and sometimes, suis organ preparations. Usually given once or for a limited time, then allowed to work on the system.

Our aim is to guide the body toward the body defensive mechanisms, to reestablish the biorhythms which are disturbed. The addition of homotoxicology to the pharmaceutical arsenal, can be very rewarding. You may even find yourself reaching for them before you ever consider the “anti-” drugs- anti-inflammatories, antibiotics, antihistamines, etc. If we can augment and maximize the bodies potential for disarming invaders, and regulating physiological events, we vastly improve the chances that the patients entrusted to us will maintain a longer, healthier life.

“A Physician has but a single task: to cure; and if he succeeds, it matters not a whit by what means he has succeeded” Hippocrates